

REQUEST FOR UNUSUALLY LARGE BILL ADJUSTMENT

FXAS III	ACCOUNT NO:	·
	SERVICE ADDRESS: _	
	<u>-</u>	
	DAYTIME PHONE NO: _	
		djustment once a year for an unusually large bill. red percent of your normal usage average.
I		
am the Responsible Pa	(Give full legal name and rty for the account at the abo	d/or business identity.) ove service address.
I am familiar with all c	of the facts stated in this doc	ument and they are true and correct.
I am requesting a reduce	etion in the amount of the w	ater bill dated
water appliances or fix	tures in use since last year.	(state zero if none were added) additional There were no plumbing repairs, nor any nt of water used during the period covered by
		d is subject to criminal prosecution under Chapter ication contains no false statements.
Signature of person re	questing adjustment:	
Print Name:		Date:

COMPLETE FORM AND RETURN TO:

UTILITY CUSTOMER SERVICE P. O. BOX 4863 HOUSTON, TEXAS 77210-4863